HOSPITALITY NURSING/REHABILITATION CENTER

8633 32ND AVENUE

KENOSHA 53142 Phone: (262) 694-8300 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 133 Total Licensed Bed Capacity (12/31/02): 133 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 126 Average Daily Census: 124

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)							
Home Health Care Supp. Home Care-Personal Care	No   No			Age Groups 			51.6 32.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	10.3	More Than 4 Years	15.9		
Day Services	No	Mental Illness (Org./Psy)	1.6	65 - 74	11.9				
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	30.2		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.7	*******************	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.9	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.8			Nursing Staff per 100 Residen			
Home Delivered Meals	Yes	Fractures	12.7		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	18.3	65 & Over	89.7				
Transportation	No	Cerebrovascular	10.3			RNs	11.1		
Referral Service	No	Diabetes	2.4	Sex	%	LPNs	5.4		
Other Services	Yes	Respiratory	12.7			Nursing Assistants,			
Provide Day Programming for	I	Other Medical Conditions	36.5	Male	23.0	Aides, & Orderlies	33.3		
Mentally Ill	No			Female	77.0				
Provide Day Programming for	I		100.0	I					
Developmentally Disabled	No				100.0				
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	27	100.0	241	53	61.6	108	1	100.0	108	11	100.0	173	0	0.0	0	1	100.0	173	93	73.8
Intermediate				33	38.4	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	33	26.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		86	100.0		1	100.0		11	100.0		0	0.0		1	100.0		126	100.0

County: Kenosha
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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:		Activities of	90	As	sistance of	2	Number of		
Private Home/No Home Health	5.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	0.0	Bathing	0.0		92.9	7.1	126		
Other Nursing Homes	0.0	Dressing	12.7		80.2	7.1	126		
Acute Care Hospitals	91.5	Transferring	16.7		76.2	7.1	126		
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		76.2	7.1	126		
Rehabilitation Hospitals	0.0	Eating	31.0		61.9	7.1	126		
Other Locations	3.0	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****		
Total Number of Admissions	329	Continence		왕	Special Treatr	nents	8		
Percent Discharges To:		Indwelling Or Exter	nal Catheter	7.9	Receiving Re	espiratory Care	9.5		
Private Home/No Home Health	48.1	Occ/Freq. Incontine	nt of Bladder	40.5	Receiving To	racheostomy Care	0.8		
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	28.6	Receiving Su	actioning	0.0		
Other Nursing Homes	0.6				Receiving Os	stomy Care	2.4		
Acute Care Hospitals	17.4	Mobility			Receiving Tu	ıbe Feeding	1.6		
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.8	Receiving Me	echanically Altered Diets	25.4		
Rehabilitation Hospitals	0.0								
Other Locations	10.4	Skin Care			Other Resident	Characteristics			
Deaths	23.4	With Pressure Sores		6.3	Have Advance	e Directives	50.8		
Total Number of Discharges		With Rashes		1.6	Medications				
(Including Deaths)	316				Receiving Ps	sychoactive Drugs	24.6		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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\* Ownership: Bed Size: Licensure: Proprietary 100-199 Skilled This All Facility Peer Group Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84.7 1.10 1.09 85.3 1.09 85.1 1.10 93.2 85.7 Current Residents from In-County 87.3 81.9 81.5 1.07 76.6 1.14 81.6 1.07 1.07 Admissions from In-County, Still Residing 17.3 17.8 0.98 20.1 0.86 20.4 0.85 20.3 0.85 Admissions/Average Daily Census 265.3 162.5 1.63 146.1 1.82 133.4 1.99 184.4 1.44 Discharges/Average Daily Census 254.8 183.9 1.39 161.6 1.58 147.5 1.73 135.3 1.88 Discharges To Private Residence/Average Daily Census 122.6 1.94 56.6 2.17 84.7 1.45 70.3 1.74 63.3 Residents Receiving Skilled Care 73.8 93.2 0.79 93.4 0.79 92.4 0.80 86.3 0.86 Residents Aged 65 and Older 89.7 92.7 0.97 91.9 0.98 92.0 0.97 87.7 1.02 Title 19 (Medicaid) Funded Residents 68.3 63.8 63.6 1.07 67.5 1.01 62.8 1.09 1.07 Private Pay Funded Residents 8.7 21.6 0.40 22.1 0.39 24.0 0.36 21.0 0.41 Developmentally Disabled Residents 0.8 0.8 1.00 0.9 0.87 1.2 0.67 7.1 0.11 Mentally Ill Residents 0.05 29.3 37.0 0.04 36.2 0.04 33.3 0.05 1.6 General Medical Service Residents 36.5 24.7 21.0 1.74 22.5 1.62 1.78 1.48 20.5 0.93 Impaired ADL (Mean) 46.0 48.5 0.95 49.2 0.94 49.3 49.3 0.93 Psychological Problems 24.6 52.3 0.47 53.2 0.46 54.7 0.45 54.0 0.46 6.8 6.9 6.7 0.88 7.2 0.83 Nursing Care Required (Mean) 6.0 0.88 0.86